

745160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

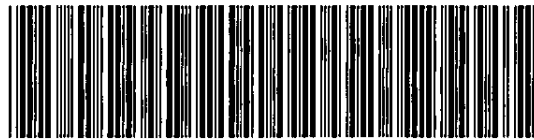
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/21/07--01018--013 **35.00

LA to chy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 29 PM 12:37

FILED

J. Roberts OCT 29 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2007

RANDAL K. ROGER & ASSOCIATES, P.A.
621 NW 53 ST (2ND MAILING)
STE 300
BOCA RATON, FL 33487

SUBJECT: PLAZA OF THE AMERICAS PART I CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: 745160

We have received your document for PLAZA OF THE AMERICAS PART I
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The current name of the entity is as referenced above. Please correct your
document accordingly.

We are enclosing a computer printout which reflects the registered agent and
registered office now on file with this office. Please amend your document
accordingly.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 207A00051216

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 745160

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO ROTUNDO
(Name of Contact Person)

ALLIED PROPERTY GROUP INC
(Firm/Company)

17001 N BAY RD
(Address)

SUNNY ISLES BEACH, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO ROTUNDO at (305) 944-9621
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: 17001 N BAY RD, SUNNY ISLES BEACH, FL 33160
- 3. The mailing address (if different): 17001 N BAY RD, SUNNY ISLES BEACH, FL 33160
- 4. Date of incorporation/qualification: 12/07/1978 Document number: 745160

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RANDAL K. ROGER & ASSOCIATES, P.A
621 NW 53 STREET STE 300 BOCA RATON FL 33487 US

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EDUARDO ROTUNDO
17001 N BAY RD, SUNNY ISLES BEACH, FL 33160
(P.O. Box NOT acceptable)

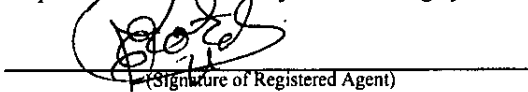
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Luis NAVARRO / PRES.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

10/25/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314